



DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Independent Coordination/Case Manager Training Verification For

(ISC or Case Manager PRINTED Name)

It is the responsibility of the ISC/CM to have the trainer complete and sign this form noting each topic or module attended. When all topics/modules are completed a certification date will be issued by the last trainer providing the final topic/module. This completed document is to be filed in the ISC/CM training file along with a certification issued by TN Dept. of Intellectual and Developmental Disabilities.

Topic/Module Name	Date Completed & Web-based or Classroom	Trainer (PRINT)	Trainer Signature Completion Verified by:
TNDIDD Protection from Harm			
People with Disabilities Building Relationships & Community Memberships			
TNDIDD Standard Precautions (annual requirement)			
Confidentiality & HIPAA (annual requirement)			
TNDIDD Title VI Course (annual Requirement)			
Person Centered Thinking (2 days)			
Person Centered Individual Support Planning Training (includes Outcomes & Action Steps component)			
Appeals Process			
TNDIDD Assessments (web based)			
TNDIDD Waivers (web based)			

TN Department of Intellectual and Developmental Services verifies that all training topics have been provided and reflects a completion date of _____.
(Date)

Completion verified by _____.
(DIDD Trainer)